GRATUITY DISCLOSURE

SHELBY COUNTY GOVERNMENT GRATUITY DISCLOSURE FORM

INSTRUCTIONS: This form is for all individuals receiving any Shelby County Government contract, subcontract, land use approval or financial grant of money to report any gratuity that has been given, directly or indirectly, to any elected official, employee or appointee (including their spouse and immediate family members) who is involved in the decision regarding the contract, land use approval, or financial grant of money.

	NAME Allied Barton Security Services
	DATE OF GRATUITY A/A
	NATURE AND PURPOSE OF THE GRATUITY N/A
]	NAME OF THE OFFICIAL, EMPLOYEE, APPOINTEE, OR FAMILY MEMBER WHO RECEIVED THE GRATUITY NA
	NAME OF THE PERSON OR ENTITY THAT PROVIDED THE GRATUITY \mathcal{N}/\mathcal{A}
	ADDRESS OF THE PERSON OR ENTITY THAT PROVIDED THE GRATUITY

	N/4	
7.	DESCRIPTION OF THE GRATUITY N/A	
8.	COST OF THE GRATUITY (If cost is the person giving the gratuity, then the pergood faith estimate of the cost of the gratuity)	unknown and not reasonably discernible by rson giving the gratuity shall report a ity.)
9.	the best of my knowledge, information and directly or indirectly, any gratuity to any e	ein or submitted herewith, is true and correct to I belief and I affirm that I have not given, lected official, employee or appointee tily members) that has not been disclosed and I
Signa	S-S+ ature	6/9/16 Date
	ian Birt Name	

A copy of your completed form will be placed on the Shelby County Internet website.